

COVID-19 School Guidance and FAQs

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COVID-19 Overview

Know Your Resources

□ Prevention Strategies

- Promoting vaccination
- Consistent and correct mask use
- Physical distancing
- Screening testing to promptly identify cases, clusters, and outbreaks
- Ventilation
- Handwashing and respiratory etiquette
- Staying home when sick and getting tested
- Contact tracing, in combination with isolation and guarantine
- Cleaning and disinfection

□ Clark County Public Health Website

- COVID-19 Information for Schools
- COVID-19 Resources
- COVID-19 Parent Letter Notification Templates (English, Spanish, and Russian)

COVID-19

- Information for School Health Personnel
- Parent Notification Letter templates (English), (Spanish) and (Russian)
- Handout for close contacts
- Approved Letters and templates

■ Washington State Department of Health

- COVID-19 Notifiable Condition Guidance
- K-12 COVID-19 Requirements for Summer 2021 and the 2021-2022 School Year
- Sports and Fitness Guidance during COVID-19
- COVID-19 Contact Tracing Guide and FAQ for K-12 Schools

☐ Centers for Disease Control and Prevention (CDC)

- Guidance for COVID-19 Prevention in K-12 Schools
- Guidance for Using Antibody Tests for COVID-19

■ Washington Office of Superintendent of Public Instruction (OSPI)

• Novel Coronavirus (COVID-19) Guidance & Resources

☐ Environmental Protection Agency (EPA):

List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19)

Definitions:

- **Exposure period:** For COVID-19, the exposure period is considered 14 days prior to symptom onset (note this could change as we learn more).
- ☐ Incubation period: For COVID-19, the incubation period is estimated to be 5 days the time it takes to show symptoms after exposure (ranges from 2-14 days).
- ☐ Isolation: separates sick people with a contagious disease from people who are not sick.
- Quarantine: separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. (CDC Quarantine Guidance).

□ Confirmed Case:

Meets confirmatory laboratory evidence. Has a positive test result.

□ Probable Case:

- Meets clinical criteria (has symptoms) AND epidemiologic evidence (was a contact/has an exposure) with no confirmatory laboratory testing performed for SARS-CoV-2.
- Meets presumptive laboratory evidence.
 - A Presumptive laboratory evidence defined by Detection of SARS-CoV-2 specific antigen in a post-mortem respiratory swab or clinical specimen using a diagnostic test performed by a CLIA-certified provider.
- Meets vital records criteria with no confirmatory laboratory testing performed for SARS-CoV-2.

■ Suspect Case:

Meets supportive laboratory evidence with no prior history of being a confirmed or probable case.

☐ Epidemiologic Linkage:

- One or more of the following exposures in the 14 days before testing or before onset of symptoms:
 - Close contact with a confirmed or probable case of COVID-19 disease, OR
 - Member of an exposed cohort as defined by public health authorities during an outbreak or during high community transmission.
- □ Close contact: within 6 feet of an infectious person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated. In a K-12 indoor classroom, the close contact definition excludes students who were at least three feet away from an infected student when (a) both students were wearing face coverings/masks and (b) other prevention strategies were in place.
- ☐ Individuals are considered fully vaccinated: 2 weeks (14 days) after their second dose in a 2-dose series, like the Pfizer or Moderna vaccines, or 2 weeks (14 days) after a single-dose vaccine, like Johnson & Johnson's Janssen vaccine
 - NOTE: if it has been less than 2 weeks since the second dose, or if an individual has not received a
 second dose, they are NOT fully protected and must keep taking all prevention steps until they are
 considered fully vaccinated.
- □ COVID-19-like illness (CLI) symptoms may include: (per DOH COVID-19 Guidance)
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Sore throat
 - New muscle aches (myalgias)
 - Loss of sense of taste (ageusia) or reduced ability to taste sweet, sour, bitter, or salty things (hypogeusia)
 - Lost sense of smell (anosmia) or reduced ability to smell (hyposmia)

When and How to Report to report COVID-19 CCPH

Schools and the general public are required to cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks (<u>WAC 246-101</u>, 13 Governor's Proclamation 20-25.14).

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- □ All laboratory-confirmed COVID-19 positive students or staff immediately reported to Clark County Public Health using the secure fax: (564) 397-8080.
- ☐ Report POC testing results to CCPH by utilizing the CCPH COVID-19 POC Test Report Form

	OVID-19 Staff and Student Symptom Flow Charts
Uti	lize the flow charts to guide decision making.
	Staff Symptom Flow Chart
	Student Symptom Flow Chart
Ho	ow to Manage Close Contacts
the	hools should communicate to close contacts and advise them to self-monitor and quarantine for 14 days from a last exposure. Schools can provide close contacts with this guidance: What to do if you were potentially cosed to someone with COVID-19.
ove per bef	close contact is someone who was within six feet of a person with COVID-19 for at least 15 cumulative minutes er a 24-hour period during the period of time when the person with COVID-19 was infectious. The infectious riod of someone with COVID-19 starts two days before the onset of symptoms or is estimated as two days fore the positive test collection date if someone with COVID-19 is asymptomatic. This definition applies gardless of whether the case or contact was wearing a mask.
aw	a K-12 indoor classroom, the close contact definition excludes students who were at least three feet ray from an infected student when (a) both students were wearing face coverings/masks and (b) other evention strategies were in place.
Но	 • Close contacts who are fully vaccinated and do not have symptoms do not need to quarantine but should be tested 3-5 days following a known exposure to someone with suspected or confirmed COVID-19 and wear a mask in all public indoor spaces for 14 days or until they receive a negative test result. • If they develop symptoms or test positive, they should isolate and follow appropriate guidance. • Close contact who had confirmed COVID-19 in the past three months, have recovered and do not have symptoms, do not need to quarantine but should watch for symptoms and get tested if symptoms develop.
Pe	ersonal Protective Equipment
	CDC Guidance: <u>Understanding the difference between surgical masks and N95</u> LNI Guidance: <u>Considerations for Employers (Except COVID-19 Care in Hospitals and Clinics)</u> FIT Testing Guidance and Resources • WA DOH <u>Respiratory Protection Program</u> resources for free FIT testing
	CCPH has PPE posters and handouts available if you would like additional resources. Please let us know if this is a resource you would like to receive, and we will send it in a separate email.
	APIC Do's and Dont's of Gowns

- APIC Do's and Dont's of Gloves
- APIC Do's and Dont's of Masks
- APIC Do's and Dont's of Respirators
- CDC Cover your Cough Poster
- CDC PPE Donning and Doffing Poster

COVID-19 Vaccination

- □ Clark County Public Health Website COVID-19 Vaccinations
- □ WA DOH: COVID-19 Vaccine Frequently Asked Questions

Те	esting									
	FDA: Coronavirus Disease 2019 Testing Basics									
	Clark County Public Health COVID-19 Testing Resources									
	· · · · · · · · · · · · · · · · · · ·									
	Report POC testing results to CCPH by utilizing the CCPH COVID-19 POC Test Report Form									
	Other regional testing sites:									
	Gorge COVID Testing Information									
	Cowlitz County COVID-19-Testing									
W	A DOH Test to Stay FAQ for Clark County School Districts									
<u>to</u> lea	A DOH Test to Stay program and associated modified quarantine apply to situations when a <u>student is exposed</u> <u>COVID-19 in school</u> . Students who are exposed outside of school (e.g., household exposure, private sports gue exposure, etc.) are not eligible to participate, must quarantine at home, and follow the standard quarantine brocol used by the school district in coordination with their local public health agency.									
Te:	st to Stay requirements for Clark County school districts and private schools School districts participating in the WA DOH Test to Stay program agree to adhere to all components of the Clark County Public Health Test to Stay Memorandum of Agreement.									
	One memorandum of agreement is to be submitted per school district or private school. All agreements must be submitted through school district leadership. Schools wishing to participate in the program must facilitate their request through district leadership.									
	District leadership can request to participate in the Test to Stay program by completing the Test to Stay Memorandum of Agreement online form. The Test to Stay program cannot be implemented until the district receives confirmation of approval from Clark County Public Health. School district that desires to participate in the WA DOH Test to Stay program will navigate to CCPH website and submit request by completing the online process. Requestor will receive a notification that their request is under review. Once approved, they will receive confirmation of approval.									
	 School districts that have received approval from Clark County Public Health to participate in the WA DOH Test to Stay program will follow the CCPH process for submitting all positive and negative test results. Schools and the public are required to cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks (WAC 246-101, 13 Governor's Proclamation 20-25.14). All laboratory-confirmed COVID-19 positive students or staff immediately reported to Clark County Public Health using the secure fax: (564) 397-8080. CCPH COVID-19 School Report Form Report POC testing results to CCPH by utilizing the CCPH COVID-19 POC Test Report Form 									

□ CCPH COVID-19 response team will not be providing support, guidance, or consultation regarding this program.

COVID-19 School Guidance FAQs

Outlined are questions that have been collected based on feedback form school nurses across Clark County and are designed to offer clarification. Please note that they are broken down by category to provide an easy way to share the important information.

Masking and Social Distancing

Page 5 of the WA DOH K-12 Guidance outlines that Indoor Mask Requirements All school personnel, volunteers, visitors, and students must wear cloth face coverings, or an acceptable alternative (e.g., surgical mask or clear face shield with a drape), at school when indoors in accordance with the Secretary of Health's Mask Order. **Staff who are verified to be fully vaccinated may be indoors without masks when students are not present or expected to be present.**

Schools should provide masks to those students who need them (including on buses), such as students who forgot to bring their mask or whose families are unable to afford them. No disciplinary action should be taken against a student who does not have a mask as described in the U.S. Department of Education COVID-19 Handbook. Volume 1.

- ☐ Is it considered an exposure if students are 3 feet apart with masks off at lunch?
 - Refer to page 11 of the <u>K-12 COVID-19 Requirements for Summer 2021 and the 2021-2022 School Year guidance.</u>
 - Refer to CDC Guidance: MODIFYING SCHOOL SPACES DURING MEALTIMES to Reduce Spread of COVID-19
- What about at recess with masks off?
 - Refer to page 11 of the K-12 COVID-19 Requirements for Summer 2021 and the 2021-2022 School Year guidance.
- ☐ Should high risk staff (i.e. speech therapy) be wearing KN95's?
 - Refer to LNI Guidance: Coronavirus (COVID-19) Employer Considerations for School Scenarios. Page 4 & 5 have a helpful table to reference.

COVID-19 Flow Charts

☐ Refer to "Know your Resources" section for parent letter templates and school guidance.

Other Areas in the School (cafeteria, gym, music room)

Food Service and School Meals

- Staff should always wear masks during meal preparation and service, and during breaks except when eating or drinking.
- Students should wear masks when moving through the food service line.
- Maximize physical distance as much as possible when moving through the food service line and while
 eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as
 the gymnasium or outdoor seating can help facilitate distancing. Students should not be excluded from inperson learning to keep a minimum distance requirement, including during mealtimes.
- Given very low risk of transmission from surfaces and shared objects, there is no need to limit food service approaches to single use items and packaged meals.
- Clean frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals.
- Promote hand washing before, after, and during shifts, before and after eating, after using the toilet, and after handling garbage, dirty dishes, or removing gloves.
- Improve ventilation in food preparation, service, and seating areas.

Transportation, busing

During school transportation: CDC's Order applies to all public transportation conveyances including school buses. Passengers and drivers must wear a mask on school buses, including on buses operated by public and private school systems, regardless of vaccination status, subject to the exclusions and exemptions in CDC's Order. Learn more here.

Special Needs/Accomodations

- □ What mitigation strategies can be employed for students that have an accommodation to not wear a mask?
 - Be aware that physical distancing and wearing masks can be difficult for young children and people
 with certain disabilities (for example, visual or hearing impairments) or for those with sensory or
 cognitive issues.
 - For people who are only able to wear masks some of the time for the reasons above, prioritize having them wear masks during times when it is difficult to separate students and/or teachers and staff (e.g., while standing in line or during drop off and pick up).
 - Consider having teachers and staff wear a clear or cloth mask with a clear panel when interacting
 with young students, students learning to read, or when interacting with people who rely on reading
 lips.
 - Use behavioral techniques (such as modeling and reinforcing desired behaviors and using picture schedules, timers, visual cues, and positive reinforcement) to help all students adjust to transitions or changes in routines.

Testing

- ☐ What is the validity of home tests taken by students?
 - We generally trust positive at home tests. These cannot be utilized as a method to avoid quarantine (I
 tested positive 2 months ago at home, so I don't need to quarantine for example). Negative tests will
 not be accepted as a method to be "tested" and move through the flow charts.
 - CDC Summary of Some Differences between Nucleic Acid Amplification Tests (NAATs) and Antigen
 <u>Tests</u>
 - Using Antigen Tests for SARS-CoV-2 in Community Settings
 - Because of sensitivity issues, some of these OTC tests are designed to be taken more than once just in case your viral load is below detection the first time.
 - "False positive" rates of around 2%, which means that if you keep using them, you'll eventually test positive, even though you don't have covid-19.
 - Between 85% and 95% for detecting COVID (about nine of every 10 infections)
- ☐ From the school reporting side, do we report home antigen tests that are positive utilizing the same report form as we do for positive clinic/provider tests? If so, do we need to indicate a home test on the form? If not, how should we report them?
 - Please report them on our form and indicate that it was a home test.
- □ Does the COVID-19 booster create the same side effects and the "initial" vaccine doses? The booster vaccination is the exact same dose as the initial and second dose.
 - Individuals will react in the same manner. Helpful information: <u>WA DOH Vaccine Booster Doses</u>
 Information

Isolation and/or Quarantine

CDC and WA DOH both have guidance outlining that antibody testing cannot be used to exempt close contacts from quarantine and/or return to work or school.

CDC Guidance: Using Antibody Tests for COVID-19 (see below)

- Antibody, tests should generally not be used to diagnose current infection. An antibody test may not show if you
 have a current infection because it can take 1 to 3 weeks after the infection for your body to make antibodies.
- Antibodies are a marker for protection and help prevent many infections; however, some people with antibodies may
 be reinfected (infected again after recovering from a past infection) or become infected after vaccination.
 - In these cases, antibodies play an instrumental role in preventing severe disease, hospitalization and death.
- Healthcare professionals who use antibody tests must know the type of information different tests provide and how to interpret test results:
 - If a person gets tested for antibodies after receiving a vaccine, they might test positive by some (but not all) antibody tests
 - Antibody testing is not currently recommended to assess for immunity to COVID-19 following vaccination.
 - Tests with FDA Emergency Use Authorization have varying degrees of accuracy. Information about serological test performance characteristics are displayed in this <u>Independent Evaluation of SARS-CoV-2 Antibody Test</u> Performance.
 - A false positive result is when the test result is positive for SARS-CoV-2 antibodies, even though those specific antibodies are not actually present.
 - A false negative result is when the test result is negative for SARS-CoV-2 antibodies, even though those specific antibodies are actually present.
 - False positive results can be minimized by choosing an antibody test with high specificity and by testing populations and people who are likely to have had COVID-19.
 - The Interim Guidance for COVID-19 Antibody Testing in Clinical and Public Health Settings provides detailed information on how to make the best use of antibody tests.
- Most people who test positive with an antibody test can continue with normal activities, including work, but should still take steps to protect themselves and others, including getting vaccinated.
 - Antibody test results should not be used to determine if someone can return to work or school.
 - Antibody test results should not be used to group people together in settings such as schools, dormitories, and correctional facilities; or to exempt someone from <u>screening testing</u>.
 - People who wear personal protective equipment (PPE) at work based on their site-specific risk assessment for the work being done should continue to wear PPE, even if they test positive for SARS-CoV-2 antibodies
- Any person, whether they have antibodies or not, should get a viral test (NAAT or antigen) to test for current infection if they have COVID-19 symptoms or have a suspected or confirmed exposure to someone with COVID-19.

COVID-19 Infection – Case and Contact Investigation

Page 17 of the WA DOH Case and Contact Investigation (below) outlines close contacts that do NOT need to home quarantine. You will see that antigen testing (serology)

COVID-19 Infection Appendix I: Case and Contact Investigation

Contacts^{16,17,18,19}

Summary:

CDC continues to endorse quarantine for 14 days. Any quarantine shorter than 14 days balances reduced burden against a small possibility of spreading the virus.

For anyone who has had close contact with someone with COVID-19 should stay home for 14 days after their last exposure to that person. Home quarantine for 14 days is the safest way to protect the contact and others.

However, close contacts who meet the following criteria do NOT need to home quarantine:

Someone who has been fully vaccinated and shows no symptoms of COVID-19

Or:

- Someone who has COVID-19 illness within the previous 3 months and
- Has recovered and
- Remains without COVID-19 symptoms (for example, cough, shortness of breath)

Close Contacts

- □ COVID-19 Contact Tracing Guide and FAQ for K-12 Schools
- ☐ See Appendix A for the Schools Decision Tree for Identifying Close Contacts
- ☐ K-12 examples: the following people are K-12 close contacts if they were within the specified distance from a COVID-19 case for ≥15 cumulative minutes over a 24-hour period:
 - A student 0-3' from a student COVID-19 case in a classroom, regardless of mask usage
 - A student 3-6' from a student COVID-19 case in a classroom if either the case or potential contact
 was not wearing a mask consistently and correctly
 - A student 0-6' from a staff COVID-19 case in a classroom, regardless of mask usage
 - A staff member 0-6' from a COVID-19 case in a classroom, regardless of mask usage
 - A person (including students and staff) 0-6' from a COVID-19 case in any setting other than a classroom (e.g., cafeteria, sports, performance, bus), regardless of mask usage

■ WA DOH COVID-19 Infection – Case and Contact Investigation

- Unvaccinated Close Contact: If a K-12 close contact is neither fully vaccinated nor recovered from confirmed COVID-19 in the past three months and does not have symptoms, the K-12 close contact must quarantine unless they are a student following a "Test to Stay" protocol with the "modified quarantine" option that the school has chosen to adopt with approval from local public health.
- Vaccinated Close Contact: Close contacts or K-12 close contacts who are fully vaccinated and do
 not have symptoms do not need to quarantine but should be tested 3-5 days following a known
 exposure to someone with suspected or confirmed COVID-19 and wear a mask in all public indoor
 spaces for 14 days or until they receive a negative test result. They should isolate and follow
 appropriate guidance if they test positive. If they develop symptoms consistent with COVID-19, they
 should isolate themselves from others, be clinically evaluated for COVID-19, and tested for SARSCoV-2 if indicated.

6.3 Quarantine of person recovered from laboratory-diagnosed SARS-CoV-2 infection with subsequent re-exposure (page 12):

Asymptomatic persons who has had close contact with someone with suspected or confirmed COVID-19 and meets all the following criteria:

- Has recovered from laboratory-confirmed (PCR or antigen) SARS-CoV-2 infection and has already met criteria to end isolation AND
- Is within the first 3 months following the onset of symptoms of their initial confirmed infection, or within the first 3 months of their first positive viral test if they were asymptomatic during initial infection AND.
- Has remained asymptomatic since the new exposure. Does not require quarantine or repeat testing for SARS-CoV-2 in the context of this new exposure.

Symptomatic persons who have had close contact with someone with suspected or confirmed COVID-19 and meets all the following criteria:

- Has recovered from laboratory-confirmed (PCR or antigen) SARS-CoV-2 infection and has already met criteria to end isolation.
- Is within the first 3 months following the onset of symptoms of their initial confirmed infection, or within the first 3 months of their first positive viral test if they were asymptomatic during initial infection.
- Has or develops new symptoms consistent with COVID-19 within 14 days of the new exposure.
- Other causes for symptoms have been ruled out. Retest for SARS-CoV-2 infection.
- Isolate until again meeting routine criteria for discontinuation of isolation.

Persons identified as close contact of a new lab-positive case ≥90 days after symptom onset, they should follow guarantine recommendations for contacts.

Vaccinations

COVID-19 Vaccination Requirement for K-12 School Employees: Frequently Asked Questions

☐ Should school staff be tracking COVID-19 vaccinations?

 Yes. Having this information readily available will make contact tracing and determination for exclusion easier.

Sporting Events

Refer to "Know your Resources" section for Sports and Fitness Guidance

- ☐ If someone is within 6 feet for 15 minutes or more during a "low contact sports" event is this considered an exposure.
 - Yes. "Low contact sports" is defined as individual or small group sports where contact within six feet
 of other participants can be avoided. Therefore, if individuals are within 6 feet for 15 minutes or more
 they are considered exposed.
 - Refer to <u>Sports and Fitness Guidance during COVID-19</u> page 2 Sports Classification and page 11 Identifying close contacts among sports participants (athletes, coaches, and trainers).
 - In low contact sports, individual close contacts should be individually identified using the close contact definition. Given the low level of contact anticipated during competition and practice, close contacts might be expected to include training partners (athletes or participants) and individuals interacted with in any setting without masking and six feet of distance (e.g., carpooling).

Performing Arts

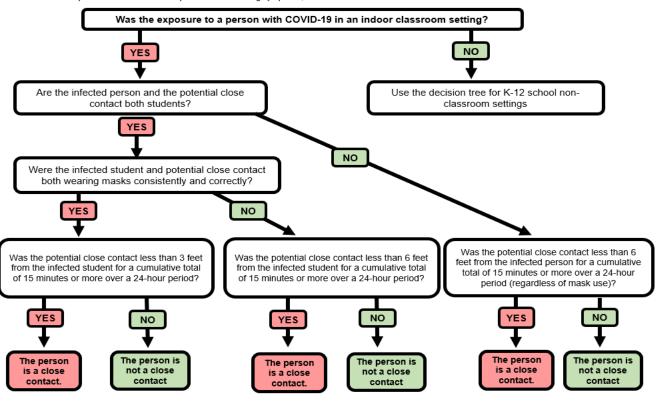
See updated guidance dated 10/27/21

APPENDIX A: CCPH Adapted Schools Decision Tree for Identifying Close Contacts

CCPH Adapted Decision Tree for CLASSROOM Settings

Decision Tree for Identifying COVID-19 Close Contacts in K-12 School INDOOR CLASSROOM Settings

Close contacts should be quarantined according to WA DOH <u>Supplemental Considerations to Mitigate COVID-19 Transmission in K-12</u>. Utilize this decision tree for students and adults in an indoor classroom setting who were within 6 feet of the infected person starting 2 days prior to symptom onset or positive test. If the infected person is not showing symptoms, use the date the test was collected.

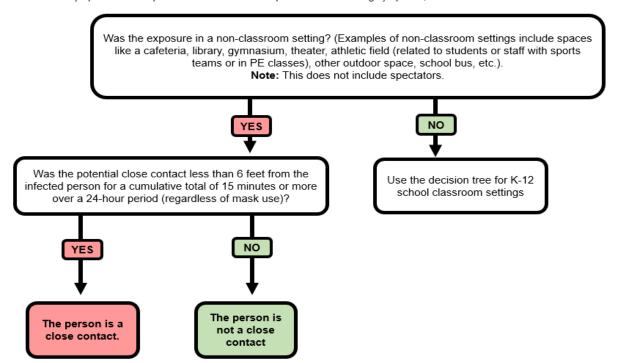


CCPH Adapted Decision Tree for NON-CLASSROOM Settings

Decision Tree for Identifying COVID-19 Close Contacts in K-12 School NON-CLASSROOM Settings

Note:

Utilize this decision tree for anyone in a non-classroom setting who was within 6 feet of the infected person starting 2 days prior to symptom onset or positive test. If the infected person is not showing symptoms, utilize the date the test was collected.



Adapted from CDC Guidance for COVID-19 Prevention in K-12 Schools